

DOCUMENT RESUME

ED 172 061

CG 013 486

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TITLE The Effects of Forced Coordination on Organizational Interrelationships and Services to Clients.
PUB DATE [78]
NOTE 11p.
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Community Agencies (Public); Delivery Systems; *Interagency Cooperation; *Interagency Coordination; Elder Adults; Organizational Development; *Power Structure; *Program Effectiveness; Program Evaluation; *Rural Clinics
IDENTIFIERS *Community Based Care Agency Evaluation Project

ABSTRACT

The mechanisms and sub-processes of forced coordination and their effects on interorganizational relationships and on services delivered to elderly and disabled clients in a rural community were examined. Participant observations gathered over 18 months and buttressed with information available from historical and case records from the Community-Based Care Agency (CBCA) Evaluation Project and the results of a formal survey of agency administrators provided the data. Results indicated that forced coordination had limited ability to bring organizations together and to increase work cooperation. Where agency interaction did increase, the gains were offset by fights over domain and greater agency inflexibility. Forced coordination succeeded in bringing little significant improvement in the accessibility, comprehensiveness, efficiency, responsiveness, accountability and quality of services for rural aged clients.
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ED172061

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U.S. DEPARTMENT OF HEALTH,
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ABSTRACT

The purpose of this study was to describe the mechanisms and sub-processes of forced coordination, and then to examine the effects of forced coordination on interorganizational relationships and on services delivered to elderly and disabled clients in a rural community. Participant observations gathered over one and one-half years (and buttressed with information available from historical and case records, and the results of a formal survey of agency administrators) provided the data with which to test Benson et al.'s (1973) and Litwak and Hylton's (1962) hypotheses on the effects of forced coordination. Generalizability is enhanced by building upon prior studies on networks of organizations.

Results show that forced coordination had a limited ability to bring organizations together and to increase work cooperation. Where agency interaction did increase, the gains were offset by fights over domain and greater agency inflexibility. Further, forced coordination succeeded in bringing little significant improvement in the accessibility, comprehensiveness, efficiency, responsiveness, accountability and quality of services for rural aged clients.

The investigator suggests that coordination programs be subject to cost-benefit analyses, and recommends three ways to increase the odds of success for coordination interventions: 1) Projects which coordinate resources, as well as programs and services, should be implemented; 2) Conflicts over domain should be anticipated and measures taken to raise understanding and consensus. 3) Coordination programs should anticipate the difficulties individual agencies with fixed resources may have in expanding services.

The Goals and Methods

Before the United States launches even greater efforts to force the interdependence of resources and the coordination of human services at the local level, it seems worthwhile to examine the possible effects of forced coordination.

This study sets out to describe the characteristics of forced coordination, and then to examine its impact on organizational interrelationships and on service packages delivered to clients.

The data used in this study of coordination were gathered during the one and one-half years (1976-78) that the author was part of the Community-Based Care Agency (CBCA) Evaluation Project.² The CBCA was a demonstration program which sought to develop community-based alternatives to nursing home care for the elderly and adult disabled through a waiver of the state's Medicaid plan. Demonstrations were organized in three diverse communities within an upper mid-western state. This particular study concentrates on the development of the project in the non-urban site, here called Rural County.

The idea for this study on the effects of forced coordination arose in unstructured discussions the author had with local political leaders, service agency administrators, and professionals. The Rural County CBCA was seen from the beginning as a coordination mechanism. It would not provide services directly. But CBCA would require formal agency coordination--including interlinking boards, a joint planning process, formal contracts, joint assessments and a case management system--as a condition for participation in the demonstration. The community leaders felt that good informal coordination existed prior to CBCA, and they were interested in learning what formal coordination could add.

Participant observations gathered over one and one-half years and buttressed with information available from historical and case records, and a survey of agency supervisors provide the data for this research. These observations furnished the information with which to test the hypotheses on the effects of forced coordination on a) interorganizational balance and equilibrium (which flowed from the writings of Benson et al., 1973); and on b) criteria measuring improvements in services to clients (which stemmed from the writings of Litwak and Hylton, 1962). Both theories predicted that forced coordination in a rural area would not produce the "desired" or intended effects. Both theories were, on the whole, supported by this research.

Effects on Organizational Interrelationships

In Coordinating Human Services: A Sociological Study of an Interorganizational Model (1973), J. Kenneth Benson, Joseph T. Kunce, Charles A. Thompson and David L. Allen argue that domain consensus, ideological consensus, interorganizational evaluation and work coordination are the four variables that affect inter-agency relations. By domain consensus these authors mean agreement on roles and functions claimed by the organizations. Ideological consensus pertains to agreement regarding methods and goals. Interorganizational evaluation refers to attitudes toward other agencies, and work coordination deals with the nature of work interaction, including extent of interaction, degree of program articulation and flexibility of relationships.

Benson et al. (1973) contend that these four variables are normally balanced. If one of these variables (e.g., domain consensus) is judged adequate, the others also tend to be. If one or two are judged less than satisfactory the other variables tend to be low also. Furthermore the relationship between a pair of agencies (or a network of organizations) is considered equilibrated if all four variables are at relatively high levels. Thus, *ceteris paribus*, relations tend to be balanced, but not necessarily equilibrated or at a high level of equilibrium. The balance model developed by Benson and his colleagues draws heavily on the writings of George C. Homans (1950) on small groups.

Prior to CBCA, the relationships⁵ between pairs of organizations⁴ in the service network tended to be in balance. High (or moderate, or low) domain consensus tended to be matched by high (or moderate, or low) ideological consensus, mutual evaluation and work coordination. Furthermore, the organizational interrelationships, in Rural County taken as a whole, resembled Benson et al.'s (1973) concept of high equilibrium, and as the concept of equilibrium implied (Homans, 1950), "small changes in one of the elements (such as work coordination) were followed by changes in the other elements which tended to reduce the amount of (overall systemic) change" (pp. 303-4). Now what happened to this balance six months after coordination was imposed?⁶

Despite the five mechanisms of coordination and despite the forced nature of the coordination process, interaction between organizations did not always increase and, even when it did, the increase usually took the form of more frequent staff meetings rather than a greater sharing or integrating of caseloads. Forced coordination did not always lead to greater interaction because some of the organizations were already operating in a most integrated manner, and others did not have the necessary support staff to undertake greater coordination. In these cases the dependent variable, extent of interaction, was not amenable to change. But in some other cases the independent variable, forced coordination as exemplified by CBCA, was too narrowly focused to cause increases in work coordination. Often the greater coordination was resisted because the incentives were insufficient. Most of the organizations in the network had other sources of funds, and these funding strains were not controlled by the Community Paced Care Agency. This is reminiscent of the ideas of Aiken et al. (1975). CBCA coordinated programs and clients, not resources, and because it did not coordinate resources CBCA was able to affect directly only a limited aspect of and a limited number of programs and clients. Not only did CBCA not have the power to coordinate various programs, but it also watered down some of the potential power it did have by insisting that each of the organizations continue to spend as much money as they spent before CBCA on alternatives to institutionalization. This "maintenance of effort" increased the number of programs and clients not coordinated by CBCA. The message for social planners is clear, if not welcome. Coordination of programs and services at the local level is bound to be incomplete because coordination of resources is missing.

In most cases where interaction and sharing were initially increased, those improvements were counter balanced by arguments over turf. It is worthwhile to look at each of these factors separately, because they seem to be powerful enough to offset the gains produced by forced coordination.

Policymakers should be aware of the potential for domain conflicts to arise following forced coordination. Difficulties may develop as agencies contend for new monies and new service areas. Also, forced coordination brings to light long-standing disagreements which had previously been ignored. Two choices appear to be open if the decision to proceed with forced coordination is made. First, administrators could encourage competition for service dollars. Second, planners could usually anticipate "turf" problems and help to negotiate a division of domain and raise domain consensus. If in-service training sessions with the line staff of the network agencies had been initiated soon after CBCA was implemented, it might have been possible to avoid some domain conflict (for example, between the County Nurses and the Department of Social Services or CBCA itself).

Flexibility problems might also be anticipated and even avoided. Title III, for example, was unable to take advantage of forced coordination and the new Medicaid funds. If they had been allowed to add staff (as Title VII did), the Office on Aging workers might have been able to attend more of the planning and assessment meetings and to make better use of the newly available funds. Title III may also have needed assistance in setting up and streamlining record keeping and billing. (Coordination costs money.)

On the other hand, the case of the Nutrition Project points out the advantages of forced coordination for the agency (with a clear non-threatening domain) which is able to grow to meet the greater demands of coordination. This was the only type of situation where interorganizational evaluation, mutual knowledge and domain consensus grew and improved.

Overall it appears that forced coordination had a limited ability to bring agencies together and to increase work cooperation. In those cases where interaction did increase, the gains were often offset by fights over domain and greater agency inflexibility. So forced coordination, in the implementation stage, did little to raise the overall level of the network equilibrium. But earlier efforts at increasing domain consensus and improving organizational flexibility might have improved these results. The study findings do bring into question the unquestioned support of a national "policy" of forcing coordination, and they focus attention on the impact of forced coordination on clients.

Effects on Services to Clients

After viewing the effects on interagency relations, one can turn with even greater interest to the effects of forced coordination on services received by clients.

The study hypothesis is that in rural areas, with a small number of organizations, forced coordination will not significantly change or improve services to clients. Litwak and Hylton (1962) have pointed out that when the number of organizations within the community network was small (two to nine), such as was the case in Rural County, awareness of interdependence was high and coordination took place, but it tended to take informal forms such as telephone referrals, case conferences, informal consultation and friendship-induced favors, perhaps because these required less expenditure of effort than more formal means. On the other hand, when the number of organizations was between ten and two hundred, coordinating agencies and formalized procedures for coordination tended to arise. Litwak and Hylton (1962) suggest that this is because when there are many units in a field, it is almost impossible to observe and communicate interdependence. Thus when the network includes a small number of organizations, such as was the case in Rural County, there is already awareness of interdependence and there is already small group pressure to informally coordinate services, divide the labor and exchange resources. Coercion and selective incentives are not needed.

In this study services received prior to CBCA are contrasted with the service packages received by clients soon after forced coordination went into effect. Performance criteria, suggested by Burns (1974) and Mahoney (1978), are used for the comparison. They include: a) accessibility of services; b) efficiency, c) responsiveness or accountability; and d) the quality of the services.

Now, what can be said about the services prior to the inception of the Community Based Care Agency? In July, 1977, as the CBCA was being established, interviewers held lengthy face-to-face meetings with prospective clients in order to gather information to determine eligibility and to assess needs. One of the tools used in this process was the Older Americans Resources and Services (OARS, 1975) assessment instrument. It is directly from the OARS that information about the service clients were receiving prior to CBCA is, on the whole, drawn. We have used the records of only thirty-nine clients because: a) each of these thirty-nine was already known to at least one of the major service providing agencies for at least five months, thus the agency would have already had the opportunity to develop a well-rounded service package; and b) these thirty-nine cases represent almost the entire caseload for the first two months of CBCA operation.

Information on the impact CBCA had on services can be drawn from: a) the formal case plan developed by the assessment team; b) additions case managers made in the service plan over the next four months; c) client evaluations recorded six months after the initial assessment; d) agency bills for services provided; and d) CBCA reports, and minutes of board and planning meetings.⁷

This study found that:

- 1) Clients were reasonably satisfied by the informally coordinated services delivered prior to CBCA. Only one client observed any change in service.
- 2) Forced coordination, in the implementation stage, succeeded in bringing about little significant improvement in services to clients.⁸

Thus, the Litwak-Hylton hypothesis was supported. Still, it was obvious that some clients had fallen through the cracks. In thirty-one of thirty-nine cases, joint assessments located areas where clients needed "help in getting or arranging for services." But the promise of forced coordination was greater than the results. Four months after these thirty-one needs were recorded and assigned to a specific agency for follow-up, CBCA had no record of any kind showing that the help had been provided for seventeen of the thirty-one individuals. In seven cases, the provider agency determined that the help was not warranted or not wanted, and in only five cases did the case records provide detailed reports showing the requests were carried out. (In the other ten cases, the general services had been billed for but there was no way to tell from CBCA records what had happened, or the CBCA Case Coordinator was following up but had received no reply from the agency in question.)

CBCA was especially effective in discovering gaps in services and in imparting information about services. It was far less successful in ordering and managing these services. Forced coordination might have been more worthwhile if the assessment process were refined,^{8,9} the ordering process were utilized. In conclusion, it appears that organizational problems and interrelationships impacted on services to clients and on CBCA's ability to coordinate and improve services.

Conclusions and Recommendations

The blind trust that coordination was good, and that coordination could be thrust upon a network of service organizations by a higher level of government, was not warranted. The effect of forced coordination on organizational equilibrium was small. The effect of Stage I of forced coordination on services delivered to clients was small. The effects of coordination of programs and services at the local level alone will always be limited, and the costs will be high.

What do these results mean to the human service planner? First of all they mean that coordination of services is a means, not an end in itself. The end is the improvement of service to clients. Coordination programs must be subject to cost-benefit or cost-effectiveness analysis. In constructing the benefit side of the equation, planners and evaluators should remember that coordination of services and programs at the local level will be incomplete as long as resources are not coordinated at a higher level of government. This also means that coordination of services in one sector will probably cause repercussions in another service area.

Second, the findings of this study highlight the importance of interorganizational relations during the implementation stage of a forced coordination intervention. If future research can document the causal connection between network interrelations and coordinated client services this emphasis on agency ties will be even more obvious. But it is already possible to suggest that planners pay close attention to domain consensus and resource flexibility during implementation phases. Problems of agency inflexibility could be ameliorated by adding resources or lessening the pressure for compliance in less essential tasks. Problems around domain consensus could be attacked from "outside the local system" if any outside "actor" had sufficient resources or selective incentives to coerce the network members into agreement on turf. But in a pluralist system like the United States, it would be easier and cheaper to plan for and encourage domain consensus from within the system whenever small group pressures were strong or one network member was dominant.

Some readers may suggest that this research was merely a case study, heavily reliant on qualitative methods. These same persons might question the generalizability, if not the internal validity, of these study findings. The response to this query would be in three parts.

1) Qualitative or field studies, such as the present research in Rural County, are especially useful in generating hypotheses, discovering operational definitions, and gaining initial understanding of the complex web of interpersonal and interagency relations. The study of organizational networks is of recent origin and much understanding could be lost by rushing prematurely into quantitative methods of research. Also, it is difficult and time consuming to gain access - such as the investigator had in Rural County - to networks of agencies. Once the access was gained it seemed useful to try to grasp in detail how this particular system operated. A case study, such as this one, is a search for universal truths, not probability distributions, therefore there are unique ways to attempt to ensure validity. Any individual in the study may challenge the interpretations and any exceptions to the general findings make it necessary to revise and modify the theoretical conclusions.

Furthermore, in this study the investigator was able to conduct a formal survey and to do some systematic observations after useful theories and variables had been isolated. This study attempted to corroborate qualitative results using quantitative findings. The analysis herein made use of both qualitative and quantitative results. The quantitative data used to examine interorganizational relations were drawn from one service network, but from twenty-eight pairs of organizations. Also the quantitative information available for the study of the effects of forced coordination on services received by clients was in a form conducive to analysis using a quasi-experimental methodology.

2) The case of the Community Based Care Agency is not viewed in a vacuum. It was supplemented and compared to previous case studies at every opportunity. This study replicated Benson et al.'s (1973) findings on the balance of interorganizational relations, before proceeding to examine the disequilibrating nature of forced coordination. This current study also relied heavily on Aiken et al.'s (1975) field studies in five urban communities, and our emphasis on coordination of resources, as well as programs and clients, is traceable to these authors.

3) One way to increase the generalizability of field or case studies without losing the unique ability of this type of study to examine processes, is to replicate previous case studies in diverse contexts. This replication is the most important "next step" advocated by this researcher.

Finally, the results of this study lead the investigator to recommend cautiously the continuance, not the abandonment, of a national policy favoring forced coordination. The evidence from the joint assessments showing that thirty-one of thirty-nine clients needed more help than was previously recognized convinced the author of the usefulness of this coordinative mechanism. The growth in CBCA and non-CBCA caseloads following the introduction of forced coordination and the addition of financial resources provides further reason for pursuing coordination in rural areas. Furthermore, with the growth in caseloads, staff and programs, coordination becomes more necessary and even inevitable. This study recommends the initiation of programs of forced coordination with the following precautions:

- 1) Projects which coordinate resources, as well as programs and services, should be implemented.
- 2) Conflicts over domain should be anticipated and measures should be taken to raise understanding and domain consensus.
- 3) Coordination programs should anticipate the difficulties individual agencies with fixed resources may have in expanding services. Organizations may require additional staff, funds, or consultation before they can improve coordination.

In the end, the extent to which coordination is emphasized depends on society's values. Data on the costs and efficiency of formal coordination will be helpful. But this investigator urges that the final decision on coordination be based on well-defined performance criteria and on the overall effect of forced coordination on individual clients.

NOTES

2. The names of the state, county, cities and organizations have been withheld or changed to protect the confidentiality of responses.
3. Rural County has a total population of approximately 36,000 in an area of 900 square miles. The largest city, Lakeside, is inhabited by about 7,500 people. Dairy and turkey farming, lumbering, and light manufacturing are the dominant industries.
4. Seven organizations (28 pairs) were included in this study. They were the Department of Social Services, the County Nurse's Office, Title III Office on Aging, Title VII Congregate Meals, the Regional Mental Health Clinic, the Day Development Program, and the Community Action Program.
5. The bases for the judgements on whether the relations between pairs of agencies, and/or the relationships in the network as a whole, were in balance before the intervention, were the observational and historical data gathered by the author in the months preceeding CBCA. These data were checked against retrospective survey data gathered six months after CBCA went into operation. The actual judgments on whether a relationship was in balance are supported by typical or insightful quotations from agency representatives. For more detail see Mahoney - (1978).
6. A discussion on the Methods of Measuring Interorganizational Relationships, and the questionnaire used to survey agency administrators are contained in Appendices B and A respectively of Mahoney, - (1978).
7. For detail on how these performance criteria were operationalized and measured see Mahoney, (1978)
8. For a detailed examination of how forced coordination affected the accessibility of services (including transportation linkages, information and referral, advocacy and outreach, comprehensiveness, and the removal of financial barriers to service); efficiency; the responsiveness of services to clients' needs and the accountability to higher levels of government, and the quality of services, see Mahoney (1978).

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